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ABSTRACT

The document describes the Model Services for Handicapped Infants project, a service delivery system which provides families of the handicapped with training and education and provides direct services to handicapped infants. The following program components are addressed: children served, parents served, staff development, and information dissemination. Results of the project are reported in terms of five objectives which relate to the above program components. Listed among accomplishments is that children of participating families showed improvement in their scores on the Bayley Scales of Infant Development. (SBH)

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MODEL SERVICES FOR HANDICAPPED INFANTS

ADMINISTRATOR:	Dr. Lafayette Powell, Activity Manager Mary Winter, Coordinator
HEADQUARTERS:	Stevens Administration Building
TELEPHONE:	299-7805
PBRS CODE:	25-05-910
FEDERAL CODE:	G007602066
OPERATING YEARS:	1976-1978
GRADES SERVED:	Preschool
NO. SERVED:	45 handicapped infants (0-3 yrs.) and 45 families of handicapped infants
NO. OF EMPLOYEES:	5 full-time professionals, 2 part-time professionals, 2 full-time paraprofessionals, 2 part-time paraprofessionals
CURRENT BUDGET:	$104,000
SERVICE PROVIDED:	This project is designed to provide training and education to the families of handicapped infants and to provide direct services to handicapped infants, ages 0-3 years in the home.
EVALUATION TEAM:	Marion Kaplan, Janice Atkins*

OBSERVED ACTIVITIES

The Model Services for Handicapped Infants project is a service delivery system which provides families of the handicapped with training and education in support of their attempts to parent their children.

In its second year, the project was partially implemented. Due to staff transience there were interruptions in providing service to families. This year, the project staff consisted of a coordinator, a social worker, a secretary, and one full-time and two part-time occupational therapists. However, the occupational therapists were not available until mid-year. A full-time information aide began work in December; in January a teacher and a high school art student were hired; in May the nurse practitioner began work; and one teacher position was never filled.

Children

Services were provided to 62 client families. Of these, twenty-seven received consultative screening and/or referral services only, and thirty-five received full teaching and social services. The latter group of 35 families was further reduced by transfer of eight families to other programs during the course of the year. There were 13 specific handicapping conditions (or medical problems) which were manifested in the children of these remaining 27 families. (See Table 1.)

EC 115 075

The direct delivery system provided service in the home with parent/caregiver participation. Project staff members worked with a child for an hour each week and trained parents/caregivers to provide daily follow-up activities and to record the child's progress.

The selection of children who received direct services was based on an intake process which included initial family visits by the social worker who obtained information regarding the child's medical and educational history and assessed the developmental status of the child. Development of a tentative IEP and assignment to a caseload was facilitated with the assistance of a teacher and an occupational therapist. Visits by the teacher and/or the occupational therapist occurred according to the IEP schedule. The 27 children received training in the following areas: motor development (92%), language acquisition (59%), and self-help skills (63%).

Parents

The project developed and delivered a model of training for parents of handicapped infants receiving full services. This model program provided the caregivers with assistance in identifying and using resources, training in instructional techniques, and methods for incorporating child-training activities into the children's existing therapy and educational programs.

Parental training was given in the home by program staff at regular intervals. The parent/caregiver was expected to attend each instructional session with the child. Each procedure was explained and discussed by the staff as it was implemented with the child. After each session the parent was requested to perform the demonstrated procedure under the staff member's supervision. Additional instructions or adjustments could then be provided by the staff person. Parents/caregivers were expected to implement these techniques daily until the next staff visit. At that time the child was tested for acquisition of these skills. The outcome of these tests provided the basis for new activities for the child.

Teachers and occupational therapists were asked, during an interview, to describe the parents' attitudes toward assuming an active role in the implementation of their childrens' IEP. Parents were found to be either very cooperative and anxious to implement (73%) or helpful but reluctant (27%).

Advisory Council meetings were intended to provide further parent training in techniques of behavior management; discipline; parental roles and functions in the IEP. However, attendance at Advisory Council meetings was sparse and irregular. Only three meetings were conducted this year. Providing training and support groups for parents continues to be a problem.

Staff

The planned staff development did not occur as intended because of staff turnover. A summer workshop on IEP development and diagnostic/prescriptive

teaching techniques was held, but participating staff members did not remain with the project.

During the year, inservice training was provided during staff meetings. Topics included an overview of project forms, scoring the Bayley Scales and recording the results, writing IEPs, maintaining client folders, writing short term objectives, and maintaining data and activity sheets.

In addition, various meetings and workshops were attended by staff members. These included a Bureau of Education for the Handicapped (BEH) meeting. School District Multidisciplinary Team staff development sessions, task force seminars on special education related to Public Law 94-142, an inservice meeting on Mental Health and Mental Retardation. A Technical Assistance Development System. (TADS) needs assessment workshop, a TADS small group workshop on record-keeping, a Speech and Hearing workshop, and the Council for Exceptional Children Institute on Early Intervention.

Dissemination

The project acted as a clearinghouse for providing information to parents of handicapped infants and to the professional community.

The following types of information and materal were available: a list of service agencies inside and outside of Philadelphia, publications related to handicapped infants, curriculum materials catalogs, and assessment instruments. Requests for program materials, pamphlets, articles, and books were made by 143 people. The staff information specialist stated that 510 items were sent out, thereby meeting 132 of these requests. (The project was unable to provide information in the other 11 cases.)

Parents comprised the largest groups requesting materials for information related to handicapped children (81 requests). However, one problem that arose was that satisfaction with the clearinghouse information could not be determined since few people responded to the questionnaire that was sent out with the materials.

The dissemination component of the project's planning and management system provided information about MSHI to local agencies and potential clients. A public awareness campaign included personal contacts with community agencies by the social worker, and the distribution of brochures, flyers, and newsletters. Another aspect of this component was the national dissemination of the model program which was done by the project coordinator through her attendance at conferences and seminars held at various locations throughout the United States.

ATTAINMENT OF OBJECTIVES

Parents

Objective 1: Participating parents will develop increased confidence in their abilities to manage and teach their handicapped children to the extent that their

posttest scores on relevant sections of the parental attitude checklist are higher than their pretest scores.

Assessment of the attainment of the objective was not applicable to this year's evaluation since only pre-data were collected. Post data will be collected in the 1979-1980 year.

Participating parents took the parental attitude survey which requested that they rate themselves in eight areas with respect to their attitudes towards their handicapped children. The results indicated that parents had initially positive attitudes in most areas (See Table 2).

Objective 2: Participating parents' skills in teaching their handicapped children will be extended to the extent that the parents supplement the children's training programs.

This objective was partially attained. According to teachers and occupational therapists, seventeen of 27 parents supplemented their children's training programs and recorded what was done. Two other parents did exercises with their children regularly but did not record, five were sporadic in working with their children, and three did virtually no work with their children.

Staff

Objective 3: Project professional staff will acquire information in areas of special education, teaching techniques, infant development, handicapping conditions, and parental reactions and coping abilities.

This objective was not attained. Due to staff turnover, there was no opportunity to implement staff development programs in these areas. New staff had to be oriented to project procedures during the available time.

Objective 4: Project teachers will develop skills in the areas of diagnostic - prescriptive programming, behavior modification, and supportive physical therapy.

This objective was partially attained. Diagnostic/prescriptive teaching techniques were the main focus of the staff training sessions provided during the summer. These sessions were conducted by an educational diagnostician. Some behavior modification training was also provided during these sessions. Using a self-rating inventory, a comparison was made of what staff members knew about diagnostic/prescriptive teaching techniques before and after the workshop. Results showed that they had acquired information from attending the training sessions. However, these staff members did not remain in the program after the summer.

Training for administration and recording of the Bayley Scale of Infant Development and the development of IEP's and the writing of short term objectives was provided to new staff during staff meetings and on an informal basis.

Dissemination

Objective 5: Project staff will disseminate the model (or its components), for possible replication, to professional personnel within the School District of Philadelphia, other area school districts, and private agencies through attendance at conferences and by means of publications and personal appearances.

This objective was partially attained. Although meetings were attended by the staff where discussion about the project did occur, there was no formal dissemination of a model or its components. It was reported in the project coordinator's log that she and the project social worker had attended a meeting with the Zero to Six Project staff near Bethlehem, two Consortium meetings around the state, and two workshops sponsored by TADS, as well as periodic meeting of the coordinators of all BEH Title 6C projects.

Children

Objective 6: Children of participating families will improve their relative performance, as measured by a developmental scale (to be selected) over all developmental areas.

This objective was partially attained. Most of the children for whom data were available made positive gains, but project staff were able to provide pretest and posttest scores for only 12 of 27 children.

The Bayley Scale of Infant Development was designed to assess a child's developmental growth up to two and one-half years of age. The Mental Scale was used to evaluate sensory-perceptual discriminations, learning ability, language skills, and the ability to form generalizations as the beginning of abstract thinking. The Motor Scale was used to measure fine and gross motor skills.

For twelve children, gains made on the mental scale ranged from 0 to 78 and on the motor scale from 0 to 29. The mean of the difference in pretest and posttest scores for the Mental Scale was 18, and for the Motor Scale, the mean difference was 6 (See Table 3). In twenty-one of the twenty-four pretest-posttest comparisons, improvements were noted. The remaining three showed no change. However, whether the change could be attributed to the impact of the program or the maturity of the children over several months was difficult to ascertain.

Objective 7: Children of participating families will develop those skills specified in their prescriptions, according to their individual potentials, as determined by competency based measures.

This objective was partially attained. Of 27 children who received full service, 24 records were provided for examination. Data were not available for 3 children. Pupil progress forms were used to indicate: (1) the short term objectives, (2) those short term objectives for which the child was being trained and (3) those short term objectives which were achieved. Fifty-seven percent (57%) of the listed short term objectives were worked on. Of the objectives which were worked on, 61% were attained.

IMPACT

The MSHI project was partially implemented. The project served as an information clearinghouse for parents and the professional community. Staff members provided direct services to 27 handicapped infants as well as training for their families. Staff turnover caused interruptions in the provision of service. Dissemination and staff - training components were adversely affected by the changes in personnel and were not completely functional.

Five objectives were partially attained, one was not attained, and attainment for one objective was not assessed. Some accomplishments of the project were: (1) parents supplemented their children's training; (2) children of participating families showed improvement in their scores on the Bayley Scale of Infant Development; (3) the project's information clearinghouse provided information to parents and professionals.

TABLE 1

SUMMARY OF HANDICAPPING CONDITIONS
OF 27 MSHI CLIENTS
1977 - 1978

Conditions	Percentage
Developmental Delay	26%
Down's Sydrome	26%
Cerebral Palsy	18%
Multiple Birth Defects	11%
Language Delay	7%
Brain Damage	7%
Hydrocephalic	7%

Note. These figures do not equal 100% since many children have multiple handicaps or medical problems. Thus the count is a duplicate count.

Note. There were also small percentages of other handicaps such as physical handicap, visual impairment, Sturge-Weber syndrome, mental retardation, heart impairment, auto-immune neutropenia.

TABLE 2

MEAN SCORES OF 29 PARENTS ON THE SUBTESTS OF THE MSHI PARENTAL ATTITUDE SURVEY, 1978

Subtest	Mean Score	Percent of Total	Maximum Score
Overprotectiveness	38.55	.80	48
Confidence/competence	37.38	.84	44
Lack of dejection	41.59	.79	52
Lack of rejection	43.07	.89	48
Marital conflict	41.79	.87	48
Acceptance of children	22.03	.81	27
Change in life style	23.44	.58	40
TOTAL	224.41	.73	307

TABLE 3

PRETEST - POSTTEST SCORES FROM THE BAYLEY SCALES OF INFANT DEVELOPMENT FOR MSHI CLIENTS, 1977-1978

Child	Mental Score			Motor Score		
	Pretest	Posttest	Change[a]	Pretest	Posttest	Change[a]
1	10	10	0	17	17	0
2	67	73	6	N.I.	34	N.I.
3	20	30	10	4	6	2
4	17	34	17	7	7	0
5	98	114	16	45	48	3
6	114	126	12	N.I.	53	N.I.
7	126	141	15	N.I.	30	N.I.
8	80	122	40	37	44	7
9	N.I.[b]	41	N.I.	N.I.	17	N.I.
10	116	119	3	44	47	3
11	8	16	8	15	21	6
12	49	127	78	21	50	29

a. Mean changes: Mental Scale = 18; Motor Scale = 6

b. No information available